

| PATENT APPLICATION FEE DETERMINATION RECORD<br>Effective October 1, 2000  |                                  |                                    |               | Application or Docket Number<br><b>09/806920</b> |  |
|---|----------------------------------|------------------------------------|---------------|--|--|
| <b>CLAIMS AS FILED - PART I</b>   |                                  |                                    |               |  |  |
| (Column 1)  |                                  | (Column 2)                         |               |  |  |
| TOTAL CLAIMS  | FOR                              | NUMBER FILED                       | NUMBER EXTRA  |  |  |
| TOTAL CHARGEABLE CLAIMS   | 7                                | minus 20                           |               |  |  |
| INDEPENDENT CLAIMS  | 1                                | minus 3                            |               |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>   |                                  |                                    |               |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |                                  |                                    |               |  |  |
| <b>CLAIMS AS AMENDED - PART II</b>  |                                  |                                    |               |  |  |
| (Column 1)  |                                  | (Column 2)                         |               | (Column 3)                                       |  |
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |  |  |
| Total   | 7                                | minus                              | 20            |  |  |
| Independent   | 1                                | minus                              | 3             |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>   |                                  |                                    |               |  |  |
| AMENDMENT B   |                                  |                                    |               |  |  |
| (Column 1)  |                                  | (Column 2)                         |               | (Column 3)                                       |  |
| Total   | 7                                | minus                              | 20            |  |  |
| Independent   | 2                                | minus                              | 3             |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>   |                                  |                                    |               |  |  |
| AMENDMENT C   |                                  |                                    |               |  |  |
| (Column 1)  |                                  | (Column 2)                         |               | (Column 3)                                       |  |
| Total   |                                  | minus                              |               |  |  |
| Independent   |                                  | minus                              |               |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>   |                                  |                                    |               |  |  |
| <small>           If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.<br/>           If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."<br/>           If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."<br/>           The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.         </small> |                                  |                                    |               |  |  |

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